FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

M72166

(5)

DOCUMENT # 1. Corporation Name

SIGNATURE:

QUICK DELIVERY OF ORLANDO, INC.

Principal Place 4180 NW 1 P O BOX	10TH AVE 100846	Mailing Address P. O. BOX 100846 P O BOX 100846							
OAKLAND US	PARK FL 33309	ft. Lauderdale fl US	33310	3. Date Incorporated or Qualified 03/10/1988	988 3a. Date of Last Report 01/25/1995			_	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0036439	Applied For Not Applica		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			1
23 Ζιρ	Country	Zip	Country 30	,	This corporation has liability for in Florida Statutes		· · · · · · · · · · · · · · · · · · ·		
24	25 9. Name and Address of Curre	29 29 Agent	[30]	*******	10. Name and Address of New R		cent		\dashv
	g. Harris and Address of Culfe	it indiatored whell	B1	Name	10. Hanne sile Acciess of New N	-Aieraien b	Anus		\dashv
HOEH	INE, LON			<u> </u>			<u></u>		
4180	NW 10TH AVE		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le) 			
UAKL	AND PARK FL 33309		63						
			84	City	, , , , , , , , , , , , , , , , , , , ,	FL	85 Zip	Code	1
11 Durament	to the provisions of Sections 607.050	2 and 607 1608 Florida Statute	e the above	named parpar	ation submits this statement for the pur		noing its r	opictored office	_
12.	Squation, typied or prince matter of registered agent OFFICERS AN	t and talk if application (NOT DIRECTORS	13.	nt signat ure required	d when revistating) ADDITIONS/CHANGES TO OFFI				CB2F034 (12/95)
TIPLE	HOEHNE, LON	[] DEFEIR	1 1 TITLE			L] Change	■ Addition	15
NAME CANAL ADDRESS	4180 NW 10TH AVE		1.2 NAME	4000000					8
STHEET ADDRESS	OAKLAND PARK FL			ADDRESS					ů
CHY \$1, ZIP		DELETE	2 1 TITLE	51-217			Change	Addition	⊣8
NAME		G	2 2 NAME			_	,		
STREET ADDRESS			2.3 STREE	ADDRESS					
CHY-ST-7IP			24 CITY-						
41117		DELETE.	3. 1 TITLE				Change	Addition	7
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STREET ADDRESS				I ADORESS					
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TITLE		DELETE	6 1 TITLE				Change	Addition	7
NAVE			6.2 NAME	İ		_			
STREET ADDRESS			6 3 STREE	T ADDRESS					
CHY ST-ZIP			6 4 CITY-	ST - ZIP					╝
certify that	it the information indicated on this ann	ual report or supplemental annu	ual report is tr	ue and accura	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fk	same legal (effect as if	made under	

RINTED NAME OF SIGNING OFFICER OR DIRECTOR